## HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

July 2024

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRESCRIBER	PATIENT:
Name:	Name:
Ward:	NHI:
Nilotinib	
INITIATION Re-assessment required after 6 months Prerequisites (tick boxes where appropriate)  Prescribed by, or recommended by a haematologist, or in accordance Hospital.	be with a protocol or guideline that has been endorsed by the Health NZ
Patient has a diagnosis of chronic myeloid leukaemia (CML) ir and  Patient has a diagnosis of chronic myeloid leukaemia (CML) ir and  Patient has documented CML treatment failure* with a type or and	
O Subsidised for use as monotherapy only  Note: *treatment failure as defined by Leukaemia Net Guidelines.	
CONTINUATION  Re-assessment required after 6 months  Prerequisites (tick boxes where appropriate)  O Prescribed by, or recommended by a haematologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.  and	
Lack of treatment failure while on nilotinib as defined by Leuka and  Nilotinib treatment remains appropriate and the patient is beneated  Maximum nilotinib dose of 800 mg/day and  Subsidised for use as monotherapy only	